STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Lyn	M. Schollett		
II. Name of lobbyist's partnership	o, firm or corporation, if an	y:	
	Coalition Against D	Domestic and Sexual	Violence
(Name of partnersh	ip, firm or corporation)		
PO Box 353	Concord	NH (State)	03302 (Zip Code)
Business Address: (Street)	(Town/City)	` ,	• •
(603) <u>224-8893</u> (Telephone)	(603) <u>228-6096</u> (Fax)	e-mail <u>lyn@r</u>	hcadsv.org
III. This statement covers: (Chooreportable expense transactions v	se one – file separate report vhich are not attributable to	s for each client, OR you m o any one client).	ay file a separate report for
☐ All reportable transactions occur	arring in the months prior to t	he reporting date relative to t	he following client:
(Full Name of	nire Coalition Agains of Client as it appears on the Lot	t <u>Domestic and Sexu</u> obyist Registration Form)	al Violence
OR ☐ All reportable transactions by th unrelated to any particular client.	e lobbyist (including the lobb	oyist's family), or the lobbying	ng firm listed below which are
IV. Date of Report April 26, 2 Reports cover: activity from date of	2017 of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/1	7
October 2 activity from	5, 2017 7/1/17 to 9/30/17	January 31, 2018 🛭 activity from 10/1/17 to 12/3	1/17
V. There have been no fees red If this box is checked, complete just Concord, NH 03301.	ceived and no reportable this form and submit it to th	transactions made since e Secretary of State's Office,	the last report. State House, Room 204,
VI. Check if additional reports a	re attached:		
If you have received fees or ma	ade expenditures, you must fi	le Addendum A-Fees and l	Expenses
☐ If you have paid an honorarium Expense Reimbursement	n or reimbursed expenses, yo	u must file Addendum B -R	eport of Honorariums or
☐ If you, your firm, or your fami	ly has made political contribu	ıtions, you must file Addend	um C-Political Contributions
• •			
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RSA	SA 14-C and RSA 664 and he	ereby swear or affirm that the	e foregoing information is true
and complete to the best of my kind	wiedge and belief.	1.1	
(Signature of lobbyist)	hally		ate)
Lyn M. Schollett (Print Name of lobbyist)			RECEIVED

JAN 12 2018

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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I. Name of Lobby
II. Name of lobby
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I. Name of Lobbyist(s) Lyn M. Schollett	
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Coalition Against Domestic and Sex (Name of partnership, firm or corporation)	xual Violence
III. Name of Client New Hampshire Coalition Against Domestic and Sexual Violence	d_Date1/5/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a busines ses than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of ser than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$115.38
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$115.38
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$245.64
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	1 5 18 (Date)
Lyn M. Schollett (Print Name of lobbyist)	